

Project Address: _____

I,

Class 1 Accelerated Structural Review Request Form

	Contact Information	
Name:		
Address:		
City:	State: Zip	Code:
E-mail:	Phone :	
I am requesting accelerated revie	ew for the following: (Place an X ne	ovt to items)
	Interior Finish Electric	-
	ssion Fire Alarm Ho	
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Accelerated Re	view is an optional review ser	vice.
	view is an optional review ser	
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Fees of \$348 are due upon subn review. Additional reviet the undersigned, am requesting the	nittal. This includes the applicat w hours are billed at a rate of \$ at an accelerated review be per	ion fee and 1 hour of 316 per hour.
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Department of Code Enforcement

1200 Madison Ave., Ste. 100 Indianapolis, IN 46225 (317) 327-8700